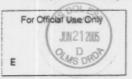
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| Richard Rumelt | Labor Organization File Number 000-381 |
|--|---|
| P.O. Box, Bldg., Room No., if any 14th Floor | P.O. Box, Building and Room Number, if any 10th Floor |
| Street 275 Seventh Avenue | Street 275 Seventh Avenue |
| City New York | City New York |
| State New York ZIP Code + 4 10001 | State New York ZIP Code + 4 10001 |
| Position in labor organization. Vice President | |
| (except as specified in the details of the details | ization represents or is actively seeking to represent. |
| | exclusions set forth in the instructions): n, or derived income or other economic benefit of |
| (except as specified in the control of the control | exclusions set forth in the instructions): n, or derived income or other economic benefit of ization represents or is actively seeking to represent. |
| (except as specified in the control of the control | exclusions set forth in the instructions): n, or derived income or other economic benefit of ization represents or is actively seeking to represent. |
| (except as specified in the case of the ca | exclusions set forth in the instructions): n, or derived income or other economic benefit of ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. |
| (except as specified in the control of the control | exclusions set forth in the instructions): n, or derived income or other economic benefit of ization represents or is actively seeking to represent. |
| (except as specified in the case of the ca | exclusions set forth in the instructions): n, or derived income or other economic benefit of ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. |
| (except as specified in the control of the control | exclusions set forth in the instructions): n, or derived income or other economic benefit of ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. |
| (except as specified in the control of the control | exclusions set forth in the instructions): n, or derived income or other economic benefit of ization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. |

| Richard Rumelt | 01957 |
|--|---|
| B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization. | nerwise dealing with the business actively seeking to represent, or indirectly to, or otherwise nization is interested. |
| 8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003 | 9. Business deals with: X a. Labor Organization b. Trust c. Employer |
| 10, if 9,b, or 9,c, is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name Amalgaated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any | Cost # of Shares Price Per Share \$9,950 50 \$199 |
| Street 15 Union Square | 11.b. Approximate dollar value of such dealing. \$12,779 |
| City New York | 12.a. Nature of interest held or income received. |
| State New York ZIP Code + 4 10003 | \$1,122.00 in dividends \$6,600.00 in fees |
| | 12.b. Amount. \$7,722 |
| C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street | |
| State ZIP Code + 4 | |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |